












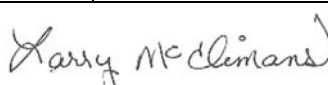


NOTICE OF REVISION (NOR) THIS REVISION DESCRIBED BELOW HAS BEEN AUTHORIZED FOR THE DOCUMENT LISTED		1. DATE (YYYYMMDD) <b>20040803</b>	Form Approved OMB No. 0704-0188
<p>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.</p>			2. PROCURING ACTIVITY NO. <b>L04S3052</b>
			3. DODAAC
4. ORIGINATOR a. TYPED NAME (First, Middle Initial, Last) <b>Bennie J. Boswell</b>	b. ADDRESS (Street, City, State, Zip Code) <b>ARDEC, AMSRD-AAR-AIC-F Rock Island, IL 61299-7300</b>	5. CAGE CODE <b>19200</b>	6. NOR NO. <b>001</b>
		7. CAGE CODE <b>10001</b>	8. DOCUMENT NO. <b>C2680901 2 Shts</b>
9. TITLE OF DOCUMENT <b>Spring Washer</b>		10. REVISION LETTER a. CURRENT <b>K</b> b. NEW <b>L</b>	
11. ECP NO. <b>L04S3052</b>			
12. CONFIGURATION ITEM (OR SYSTEM) TO WHICH ECP APPLIES <b>Round Positioning Block for MK 19 Grenade Machine Gun</b>		NOR SHT <b>1 OF 1</b>	ECP SHT <b>2 OF 2</b>
13. DESCRIPTION OF REVISION <b>On Drawing Sht 1:</b>  <b>Delete all QAP characteristics, symbols and descriptions:</b>  <b>In Zone D3: Delete:</b>  COMPRESSED LOAD  MATERIAL  <b>In Zone C2: Delete:</b>   <b>In Zone C4: Delete note:</b> 9. QUALITY ASSURANCE PROVISION REQUIREMENTS PER DRAWING 12993884 APPLY.  <b>In Zones A,B,C4: Delete:</b>  MISSING OR DEFECTIVE PROTECTIVE FINISH  SUPPLEMENTARY OIL  SALT SPRAY TEST, SHT 2  SALT SPRAY TEST  WORKMANSHIP (PER MIL-W-63150)  HEAT TREATMENT  COATING WEIGHT  STRESS AND HYDROGEN EMBRITTLEMENT, SHT 2  PHOSPHATE COATING  MIL-W-12133  <b>In Zone B2, above Title Block add note: VENDOR ITEM DRAWING</b>  <b>Delete Drawing Sht 2 and all of its contents.</b>			
14. THIS SECTION FOR GOVERNMENT USE ONLY			
a. (X one)	(1) Existing document supplemented by this NOR may be used in manufacture. (2) Revised document must be received before manufacturer may incorporate this change. (3) Custodian of master document shall make above revision and furnish revised document.		
b. ACTIVITY AUTHORIZED TO APPROVE CHANGE FOR GOVERNMENT	c. TYPED NAME (First, Middle Initial, Last)		
ARDEC, AMSRD-AAR-AIC-F			
d. TITLE <b>TIMOTHY D. KARCHER Comp Mgr (Actg), CM &amp; Lifecycle Int Spt to Fielded Systems Div</b>	e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) <b>5 August 2004</b>	
15.a. ACTIVITY ACCOMPLISHING REVISION	b. REVISION COMPLETED (SIGNATURE)	c. DATE SIGNED (YYYYMMDD)	